ş.								Application or Docke: Number					1
	PATENT	DRI		10/	19	2 4	137						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OF		R THAN ENTITY	1
TOTAL CLAIMS			22					RATE	FEE	٦¨.	RATE	FEE	1
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FI		7,=	BASIC FEE		1
TOTAL CHARGEABLE CLAIMS .			22m	22minus 20=		. 2		XS 9=		OR	X\$18=	1 . ,	1
INDEPENDENT CLAIMS			4 minus 3 =		•	1	'	X43=		1	X86=	3k	1
Μι	JLTIPLE DEPE	NDENT CLAIM F	RESENT					-145=	†	OR			1
• 11	the difference	e in column 1 is	less than zero, enter "0" in column 2			column 2		TOTAL	<u> </u>	OR	-290= TOTAL	892	
j	CLAIMS AS AMENDED - PART II								<u> </u>	_, _C		THAN	1
<u> </u>	-5-01	(Column 1)		(Colum				SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE/	1
	Total	. 42	Minus	- 2	2	-8		XS 9=	1	OR	XS18=		
	Independent	· /	Minus	(1	10		X43=	11	OR	X86=		
•	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM				+	1			
+145										OR	+290=		
<u> </u>											TOTAL ADDIT. FEE		
AMENDMENT B	(Column 1) (Column 2 CLAIMS HIGHEST					(Column 3)	l r	 -	1 4001	3 1			
		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**				X\$ 9=		OR	X\$18=		
	Independent	•	Minus	arara		=	lt	X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM			+145-		1 1	+290=		
+145= TOTA										OR OR	+29U= TOTAL		
(Column 1) (Column 2) (Column 3)										JOH ,	ADDIT. FEE		
3	`	CLAIMS REMAINING		HIGHE	ST		Г	<u></u>	ADDI-			ADDI-	·
		AFTER AMENDMENT		PREVIOL PAID FO	JSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
AMENOMENT	Total	•	Minus	**		= .	 	X\$ 9=		OR	X\$18=		
¥ .	Independent	•	Minus	***			ı	X43=			X86=		ĺ
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	A00-		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
!! !!	the "Highest Nun the "Highest Nur	nber Previously Pai mber Previously Pa	id For' IN THIS id For' IN THIS	SPACE is I	ess than	20, enter "20."		TOTAL DOIT. FEE			DOIT. FEE		Ì
	rogresi itulii	ber Previously Paid	TO EDUIT TO THE	nebsugey	រុស ភេម	nignesi number	toun	o in the ap	propriate box	ın colu	ımn 1.		